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What is the Experience of Emergency Department Nurses with Lateral Verbal Aggression?

by

Wendi Harper-Lonabaugh RN

A thesis/project submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing

Boiling Springs, North Carolina

2010

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_____	_____
Date	Date

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Abstract

This descriptive study investigated the incidence of lateral verbal aggression among emergency department nurses. A sample of registered emergency department nurses currently working in western North Carolina with more than one year of full time work experience was surveyed (N=68). Roy's adaptation model was used as a theoretical framework for this qualitative study. A survey was utilized to collect the frequency, source, and incidences of reporting the lateral verbal aggression that occurred. Nurses also reported personal and professional ramifications to the lateral verbal aggression. Aggregate data was examined; no specific individual data was analyzed. The most common perpetrators of lateral verbal aggression were staff nurses followed by nursing managers. There was a very low incidence of reporting these events. The most common reasons for not reporting were that nurses believe there would be personal and professional repercussions if they reported it and they did not believe that anything would change. Feelings of anger, decreased job morale, increased stress, and negative effects on mental health were among the most common personal and professional reactions to lateral verbal aggression.

Chapter I

Introduction

Lateral verbal aggression, or bullying, which many nurses experience daily is prominent in the media. All nurses are at risk for lateral verbal aggression: graduate, experienced, and specialty. This cycle often restarts when a nurse changes specialties and functions as a novice in a new area. Lateral aggression in the clinical setting most often manifests in the form of verbal abuse. In a professional environment, such as an office or a hospital, physical violence rarely occurs between coworkers; however, verbal altercations are more common. For the purpose of this study, lateral verbal aggression will be used synonymously with verbal abuse. Verbal abuse is the most prevalent type of attack nurses experience at work, and may be as detrimental to the nurse's emotional well being as a physical attack (Pejic, 2005).

Lateral aggression costs the hospitals and healthcare systems millions of dollars every year. The hospital is invested in retaining employees after expending time, effort, and money on employee training. Victims of lateral aggression have reported high levels of job stress and job dissatisfaction They had higher levels of anxiety and depression and reported wanting to leave the job more often than those who had not been victims of lateral aggression (Quine, 1999). Of the nurses who did leave, many continued to suffer physical and emotional trauma because of the abuse they experienced. Panic attacks, worsened chronic illness, significant weight fluctuations, alcohol abuse, and depression were prevalent. These physical disorders increase the cost of healthcare. A considerable amount of physical and emotional trauma could be avoided if hospitals took a zero tolerance attitude towards lateral aggression.

In the literature, the terms *lateral aggression* and *bullying* are often used interchangeably. Sincox and Fitzpatrick (2008) defined *lateral aggression* as many different behaviors including both unintentional and intentional behaviors and acts intended to harm, devastate, embarrass, or humiliate another person or group. Overtime these acts or behaviors create a climate of hostility (Sincox & Fitzpatrick, 2008).

The above behaviors usually occur verbally in some form. This research paper defines *lateral verbal aggression* "… as verbal behavior designed to humiliate, degrade, or otherwise demonstrate a lack of respect for the dignity and worth of another individual" (Manderino & Berkey, 1997, p. 48).

Michele Haselhuhn, in her Master's thesis, provides one victim's personal experience that illustrates how lateral aggression begins and escalates:

> I am very overweight. My coworkers and nurse manager were more slender than me. I was regularly teased about my weight and encouraged by my nurse manager to lose weight. She always had unsolicited 'helpful tips' and 'healthy recipes' to give me. I caught a couple of male nurses making faces, gestures, and imitating me behind my back! They put a picture of a piggy with my name above it next to the Omnicell where nurses obtained drugs. I put inspirational (not religious) quotes on my locker and they were torn down on several occasions. I started isolating from my coworkers. I felt ashamed and ate more. My nurse manager started inventing reasons that my work didn't 'measure up' in the workplace. She repeatedly called me into her office to tell me 'this place isn't right for you'. She

> was nice and supportive of me in public, but insensitive, intolerant, and cold toward me in private. My coworkers and medical director also became excessively critical of me and my patient care. I KNOW I am a good nurse and I was forced out of the workplace. –A., RN, emergency department, 27 years old. (Haselhuhn, 2005, p. 7)

Lateral aggression often stems from nurses' being overworked, frustrated, or stressed. Bullying connotes more of a conscious effort on the part of the perpetrator to attack a victim. Allowing lateral verbal aggression to go unchecked implies that this behavior is acceptable, and this can escalate into more overt acts of bullying. Nurses working in areas with high stress have considerable issues with lateral aggression, specifically verbal abuse. Many studies examine stress and aggression in Emergency Department (ED) workers, but none have specifically examined lateral verbal aggression between co-workers.

Lateral verbal aggression contributes to the current nursing shortage because victims often leave the profession. This nursing shortage is compounded by other factors as described by the North Carolina Board of Nursing (NCBON). By 2015, the nursing shortage will be around 20,000, and by 2020 it could be greater than 32,000. Some factors, which contribute to the shortage, are the aging nurse population, the increased demand for nursing services within the state of North Carolina, and the smaller workforce (Lacey & McNoldy, 2007).

According to the Trust for Americas Health website (Trust for Americas Health [TFAH], 2010), North Carolina has a deficit of 8,100 nurses; this number is expected to climb. North Carolina has an aging nurse population and a growing baby boomer

population, as many retirees continue to move here to live out their golden years. The state cannot afford to lose nurses from the profession because of lateral verbal aggression. Nursing educators and employers need to take a zero tolerance policy. If punitive consequences are implemented, others will be discouraged from imitating the destructive behavior, and eventually the norm will change.

Conceptual Framework

The Roy Adaptation Model (RAM) has been tested across all age groups and in many different settings, proving it an appropriate fit for this research. Roy's Adaptation Model uses a systems theory as the model's core foundation. Roy views the person as an adaptive system made up of smaller subsystems. The first subsystem is the primary subsystem which is made up of the regulator and the cognator. The secondary subsystem is made up of adaptive modes: physiological-physical, self-concept, interdependence, and role function (Tomey & Alligood, 2006). The regulator subsystem, controlled by the autonomic nervous system, includes neural, chemical, and endocrine responses to the stimuli.

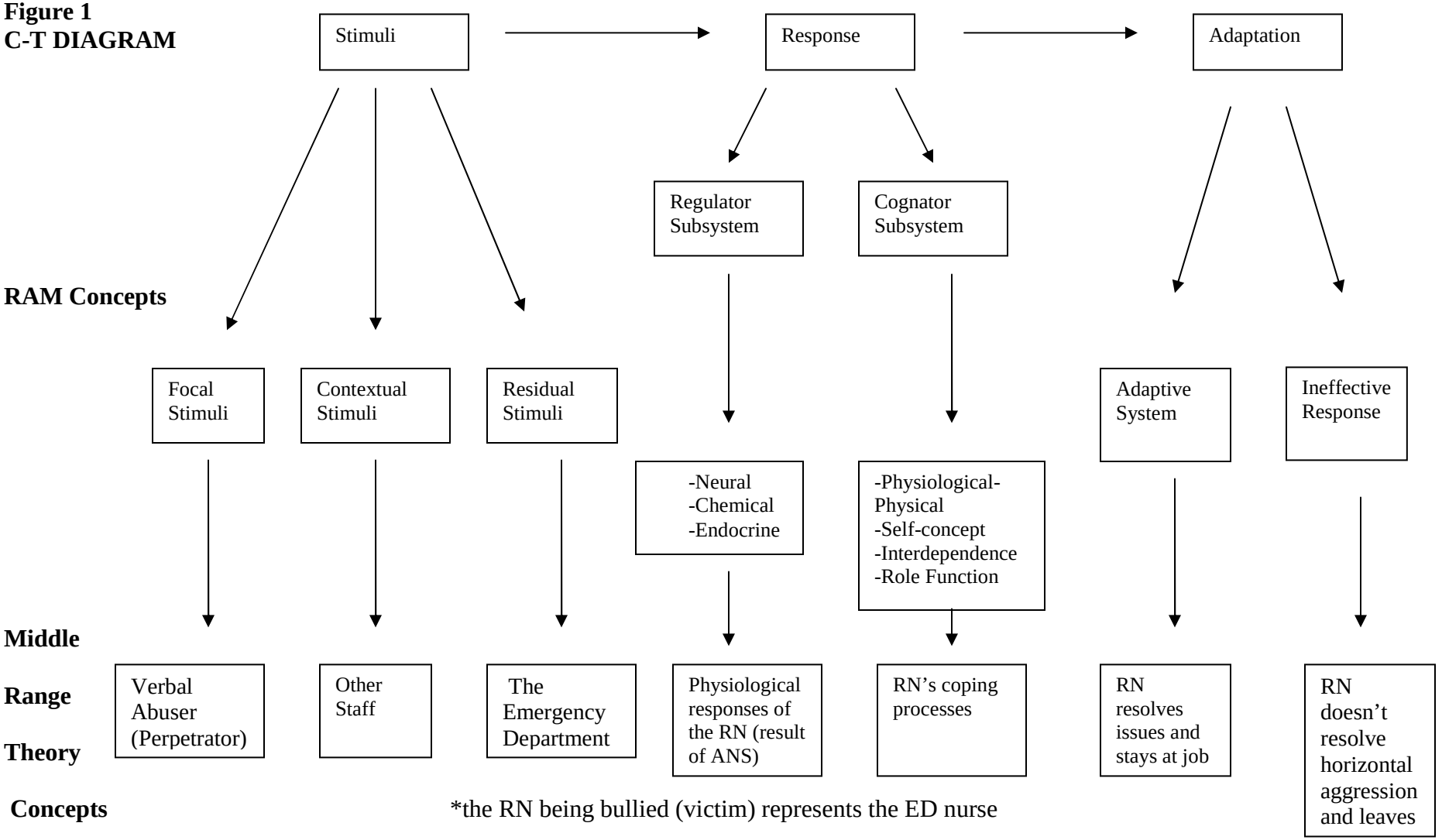
Applying the RAM to this study, the focal stimulus is the verbal abuse from other nurses, including lateral aggression in any form (verbal abuse, silent treatment, intimidation tactics, etc.). The contextual stimulus is defined as any other stimuli in the Emergency Department (ED) and within any other area inside or outside the hospital, which does or does not effect the situation. The contextual stimulus is identified as the other nurses in the unit. The environment is identified as the unit (ED) in which the nurse works. The nurse experiencing lateral verbal aggression has adaptation modes within herself. The cognate subsystem and the regulator subsystem will create behaviors that

adapt to the lateral verbal aggression. Lateral verbal aggression impacts all adaptive modes, including physiological-physical, self-concept, interdependence, and role function. If the nurse can end the verbal abuse, she has had an adaptive response. If she tries to get help but is unable to end the abuse, she has had an ineffective response to the stimulus (verbal abuse). See Figure 1. The unresolved situation results in disharmony of the nurse and the psychological impact may affect the nurse's job performance. This also effects other staff members morale, leading to an increase in stress levels, a decrease in job satisfaction, and high employee attrition (Pejic, 2005). Certainly, lateral verbal aggression has a direct effect on retention rates and overall costs to the healthcare system.

The research questions being investigated are as follows:

1. What is the incidence of nurse-to-nurse verbal abuse within the last six months?
2. What other healthcare providers are perpetrators of verbal abuse?
3. How often was verbal abuse reported to upper level management?
4. How often does the ED nurse perceive personal or professional ramifications to lateral verbal abuse?
5. Does the ED nurse's age or experience alter the nurse's exposure to verbal abuse or whether the nurse will report the abuse?

Figure 1
C-T DIAGRAM



Chapter II

Literature Review

A review of the literature shows many studies about nurse bullying. The terms *lateral aggression, bullying*, and *verbal abuse* were searched on: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Sage, Ovid, PubMed, and Academic OneFile. These terms are often used interchangeably within the literature. Much of the literature addresses physicians or patients as perpetrators of nurse bullying. The existing literature reviewed provides data on the significant problem of nurse bullying and the subsequent long-term ramifications.

In a study by Manderino and Berkey (1997) examining the verbal abuse of staff nurses by physicians, results show that 90 percent of the 130 registered nurses surveyed had experienced some form of verbal abuse over the last year. Using the Verbal Abuse Scale, respondents identified an average of six to twelve incidents of abuse occurring over the previous year (Manderino & Berkey, 1997). The most frequently occurring abuse included ignoring, abusive anger, and condescension; these were rated as mildly to moderately stressful.

The most common long-term effect from the verbal abuse was the negative impact on the nurse-physician relationship: Other high ranked items included decreased job satisfaction, negative effects on a sense of relaxation and well-being in the work setting, and negative effects on trust and support of others at work (Manderino & Berkey, 1997). Most of the nurses surveyed managed their frustration constructively. Many attempted to clarify the misunderstanding directly with the physician. Nurses also reported asking for support from other staff members (Manderino & Berkey, 1997).

In conclusion, Manderino and Berkey recommend that nurses be pro-active and empowered and find support within their organization to stop the verbal abuse. They also recommend that medical doctors and educators find avenues to stop the cycle of abuse.

A study by Stella Stevens (2002), "Nursing Workforce Retention: Challenging a Bullying Culture", explored *horizontal aggression* (used synonymously with lateral aggression) in the nursing workforce. The article explained one Australian hospital's attempt to deal with the problem. Results showed some thirty eight percent of respondents were bullied in the previous year and forty percent witnessed others being bullied. In another study of 462 midwives, forty-six percent admitted to being bullied and of those bullied fifty-five percent were considering leaving their positions (Stevens, 2002). Other researchers have theorized that gender and the predominance of females in the nursing profession have led to this type of bullying or claim that bullying is a stress reliever for the overworked and over-stressed nurse. There are many excuses for why bullying occurs and has occurred in nursing for over seventy-five years. This behavior has been condoned across many different institutional settings. The act of bullying is part of the culture that is nursing and one that the nursing profession has concealed (Stevens, 2002).

Stevens (2002), refers to the results of a case study of nurse bullying and its effects on nurse retention rates. This took place at a large Australian teaching hospital and for confidentiality reasons she withheld the name of the study in her article. The hospital started examining nurse retention and nurse turnover rates in the early 1990's. Surveys of nurses who had recently left showed that bullying was a huge problem. Case studies of bullying behavior describe how victims of bullying felt unsupported by upper

management; they felt powerless. This Australian hospital decided to implement an anti-bullying document with a zero tolerance policy. Full-day training seminars on what constituted bullying and how to actively bring about change were conducted. Nurse managers implemented these changes. A year later, the hospital had improved retention rates with decreased turnover from 28.4 percent to 21.9 percent (Stevens, 2002).

In Randle's 2003 qualitative study, "Bullying in the Nursing Profession", self-esteem was found to be the major predictor of human behavior. Bullying was an important topic that emerged from the qualitative interviews conducted. The study used a sample of nursing students in the clinical areas of; adult, child, mental health and learning disabled, in the United Kingdom (Randle, 2003). Grounded theory was used as a framework. These students were followed for three years. The author found that nursing students were bullied, and that bullying was common in the transition from student to nurse. Student's self-esteem scores were low. In time, those bullied students bullied others. The bullying directly effected the students' self-esteem. The author concluded that change needs to come from educators and nurses who are with the students in the clinical setting. The practices of bullying need to be terminated or each new generation of nurses will haze the next generation and the cycle of abuse will go on. This tradition is bad for the new nurse's sense of self worth and nursing practice (Randle, 2003).

Lewis (2006) examined mechanisms within the nursing profession that contribute to the causes of bullying and its continuation. Evidence suggests that 85% of nurses witnessed or endured bullying. This research explored the perceptions of both clinical nurses and nursing managers in many different nursing specialties. The individuals are persuaded by the bullying culture in nursing and influenced by the larger dominant group

so that they become part of the group and are not outside the group where they would be vulnerable (Lewis, 2006).

This study found that bullying takes place between nursing staff and nurse managers as well. Managers stated the bullying comes from more senior managers, but that peers also bully them especially if the staff doesn't like their decisions or if they are new to management (Lewis, 2006). The study concludes that bullying within the nursing profession is a learned behavior, and it is not any psychological deficit within the perpetrator or the target, as was once thought.

A staff questionnaire survey to determine the prevalence of workplace bullying in the National Health Service (NHS) community trust was conducted by Lyn Quine. The objectives of this survey were to measure how prevalent workplace bullying was, see if bullying effected employee health, and to see if there was any relationship between bullying and employee support (Quine, 1999). The tools used to measure outcomes were a 20- item inventory of bullying behaviors: the Job-Induced Stress Scale, the Hospital Anxiety and Depression Scale: the Overall Job Satisfaction Scale, the Support at Work Scale, and the Propensity to Leave Scale. The results showed that many employees were experiencing bullying. Of those surveyed, 38% reported experiencing some type of bullying within the last year, and 42% witnessed bullying. Most of the perpetrators were managers. When victims attempted to report the incidents or get support, they were overall unsatisfied with the outcomes (Quine, 1999).

Quine (1999) concluded that bullying was a large problem and that setting up support systems for the staff would benefit both employees and employers.

Begley and White (2003) investigated the effect of nursing instructors' negative evaluation on students' self-esteem. Two nursing programs in Ireland were randomly chosen, with a study sample of 75 students. Instruments used in this qualitative research were the Rosenberg Self-Esteem Scale and the Fear of Negative Evaluation Scale. Questionnaires were administered to students at the start of their nursing program and again two months before graduation. The results showed that students self-esteem scores rose as they got closer to completing their nursing programs but even at the end of the nursing program overall scores were only average. The authors concluded that self-esteem is a complex phenomenon. While no one single item can positively or negatively effect a person's self-esteem, this study examined how the fear of negative evaluation affected nursing students. They also suggested that the nursing student's self-esteem would increase as they became better in the clinical area improving their job satisfaction (Begley & White, 2003).

Andersson's (1993) qualitative study considered how student nurses' perceptions of the nursing profession change as they progress from student to graduate nurse. The methodological approach was ethnographic, an approach which studies small groups of people, highlighting the social interactions between them. The theory of symbolic interaction as a framework is very relevant to an ethnographic study. This framework was what researchers selected for studying the social realities of student nurses (Andersson, 1993). The sample included 41 student nurses with six months to 18 years of full-time work experience. Data was collected by questionnaires, interviews, written comments, and document analysis. The results indicated that the nursing students' perceived nursing very traditionally and that those perceptions did not change during

their time as a student nurse. The data showed that one-third developed a new self-concept as a nurse during their training, but the majority of students identified with the more traditional nurse image (Andersson, 1993). This study was interesting because most of the students came into the program with a preconceived idea of what nursing was, and those perceptions remained the same for the majority of the students throughout the nursing program.

Theoretical Framework Literature Review

In a descriptive study, Annette Pejic (2005) investigated the incidence of verbal abuse toward pediatric RN's at six different Ontario hospitals over a six-week time period. The RAM was the conceptual framework for this study.

The research questions under study included the following:

1. What was the incidence of verbal abuse of pediatric nurses during the past three months?
2. What was the source of verbal abuse of pediatric nurses with respect to four groups: patients, parents/visitors, physicians, and other staff members?
3. How frequently was verbal abuse formally reported to management staff by pediatric nurses, and what factors affected this decision?
4. What was the frequency of perceived personal and professional reactions of pediatric nurses to verbal abuse incidents?
5. Did the variables of age and experience as a pediatric nurse alter the nurse's experience of verbal abuse with respect to level of reporting of

> abuse and the frequency of perceived personal and professional reactions? (Pejic, 2005, p. 271)

The sample size was small (35 pediatric nurses), and all participants completed a questionnaire. The questionnaire explored how often verbal abuse occurred, if it was reported and by whom, and recounted each respondent's personal and professional reactions to the verbal abuse. The results showed that patients, parents, and physicians frequently verbally abused pediatric nurses equally. Increased job stress, and decreased job morale were the most common personal and professional ramifications for the pediatric nurses (Pejic, 2005). The author labels *verbal abuse* the focal stimulus, *the environment* the pediatric nurse's work unit, and the *adaptive system* the nurse (who responds to the external stimuli). This study upholds Roy's Adaptation Model.

While an overabundance of research exists that examines the relationship of quantitative research to the RAM, Perrett's (2007) study specifically looks at the RAM in relation to qualitative research. This survey of the research found the RAM very versatile. The RAM has been used for 35 years in qualitative research in many different situations, and across many different cultures. There has been much support for the model's proposition proving it congruent for qualitative research and for distinguishing environmental stimuli (Perrett, 2007). These findings show the RAM has been thoroughly tested and can be applied to qualitative research.

A study by Yeh (2003) focuses on parents adaptation to their child's diagnosis of cancer. This study looked at 246 mothers and 195 fathers of children between the ages of 1 and 18 who were diagnosed with cancer and undergoing treatment. The study lasted for three years. The hypothesis was that parents who have more social support have less

parenting stress than parents who have less social support. The study used four different tools to measure the empirical data: the Parental Coping Strategies Inventory (PCSI), the Parental Stress Index/Short Form (PSI/SF), the Symptom Checklist-35-Revised (SCL-35R), and the Two Factor Index of Social Position (TFISP). Yeh uses the RAM to examine the adaptative nature of parents of children diagnosed with cancer. The RAM facilitates a worldwide view for testing the parents adaptation in the four modes: physiologic, self-concept, role-function, and interdependence. Roy views the person as an adaptative system who adapts to stimuli in the environment. The stimuli include focal, contextual and residual stimuli (Yeh, 2003). The focal stimulus was parenting stress. The contextual stimulus was defined as social support. The cognator /regulator were defined as the parent's method of coping. The adaptation modes were defined as self-concept modes. Structural equation modeling using the statistical program SPSS tested and validated Yeh's hypothesis. Research findings are consistent with the RAM.

Zhan's study (2000), with the RAM as the theoretical framework, examined hearing- impaired elders' relationship between cognitive adaptation and self-consistency (maintaining one's self identity when facing challenges). Furthermore, the study explored whether demographic variables changed self-consistency for these participants. The sample consisted of 130 hard- of- hearing, older (over age 40) adults; the mean age was 74. Data collection instruments included the Cognitive Adaptation Processing Scale (CAPS) and the Self Consistency Scale (SCS). The hearing-impaired individual utilizes adaptative changes via the cognator subsystem to effectively adapt to changes that occur as they become hard-of-hearing. Many factors influence how well self-consistency is maintained for these individuals; these included social, cultural, environmental, and

personal characteristics (Zhan, 2000). The study supports RAM's theory. The elders' cognitive adaptation processes have an active role in how well they maintain their self-esteem when faced with hearing loss (Zhan, 2000). Clear focus and methods, knowing awareness and self-perception are the three cognitive processes, which greatly contributed to the elders' preservation. Nurses can help patients' adaptation by understanding these cognitive processes (Zhan, 2000).

The literature review reveals a gap in knowledge. While many articles explore lateral verbal aggression, few look specifically at lateral aggression manifested by verbal abuse between nurses and their co-workers.

Chapter III

Design & Methods

This descriptive survey of Emergency Department nurses from the western counties of North Carolina examines lateral verbal aggression in the workplace. A list of 618 names of Emergency Department (ED) registered nurses was obtained from the North Carolina Board of Nursing (NCBON). The inclusion criterion was that participants reside in the western most counties of NC. These included the following counties: Cherokee, Graham, Swain, Macon, Jackson, Haywood, Transylvania, Madison, Buncombe, Henderson, Polk, Rutherford, McDowell, Yancey, Mitchell, Burke, and Cleveland. Participants had to be registered nurses currently employed in an emergency department with no less than one year of full time clinical experience. Full approval from the Gardner-Webb University Institutional Review Board was obtained before any data collection was initiated.

Six-hundred and eighteen letters were mailed out to ED nurses, including a web address for the participants to complete the survey online within a three-week period; additionally, the survey could be printed and returned by mail. Participation was voluntary, and no incentives were offered. Completion of the survey served as consent to participate. Confidentiality was maintained, as SurveyMonkey reports only aggregate data and provides no other participant identification. All participants remain anonymous. Of the 618 letters mailed, 68 participants (11%) started the survey, but only 64 participants completed the online survey; one survey was received via the postal service (data was entered by the researcher and is included in the total number of 64).

With permission, the study questionnaire was adapted from a tool by Pejic (2005), which was itself adapted from the original Verbal Abuse Scale by Manderino and Banton (1994). The Verbal Abuse Scale (VAS) is a 65-item questionnaire. It defines 11 different types of verbal abuse. Respondents self-report on the frequency and type of verbal abuse along with identifying the perceived stressfulness of the abuse. The instrument also estimates responses to intellectual assessment, emotional responses, and coping abilities and the perception of their perceived skill within the verbally abusive incidents (Manderino & Berkey, 1997). Content validity of Manderino and Berkey's (1997) tool was tested by a group of experts knowledgeable in Lazarus' theory of stress-coping as well as verbal abuse concepts. During development, the instrument was also examined by a committee of staff nurses for clarity and completeness. Twenty-one staff nurses engaged in a test-re-test examination of the tool. Researchers measured the internal consistency of the subscales with the Cronbach Alpha. These estimates ranged from .67 to .95 for Cronbach's Alpha and .45 to .79 for test-retest reliability. Manderino and Berkley utilized this tool in a 1997 study, which examined the coping behaviors of 130 registered staff nurses in Missouri.

The tool used in this research is composed of a 47-item self-reported analysis, divided into five sections. The survey took approximately 10 to 15 minutes to complete online. The tool, which was piloted in this study, has not been tested for internal validity or reliability.

The first section of the questionnaire entails demographics data. The second section's fourteen questions address different types of verbal abuse. In the third section, four questions focus on perpetrators of verbal abuse and the frequency with which abuse

is reported. The fourth section has nine questions that examine why the participant does or does not report the incidents, and the fifth section, 18 questions, investigates how lateral aggression has affected them.

Applicants were given information on how to contact the researcher for any additional questions. The survey closed out June 15, 2010, at 11:59 PM. Any participant in the process of completing the survey was allowed to finish. After completion of the survey, descriptive statistics were applied to the data collected.

Chapter IV

Results

Demographics of the study population included a majority of women, with the greatest percent in the 26-55 year old age range (see Table 1). Most of the participants worked full-time and had more than six years of work experience as an emergency department nurse.

Table 1.

Sample Demographics

	Frequency	Percent
Gender		
• Male	14	21.2
• Female	52	78.8
Age		
• 20-25 years	4	6.0
• 26-35 years	14	20.9
• 36-45 years	15	22.4
• 46-55 years	24	35.8
• 56 years +	10	14.9
Job Status		
• Full Time	42	62.7
• Part Time	12	17.9
• PRN	14	20.9
Experience as a E.D. Nurse		
• Less than 2 years	4	6.0
• 2-3 years	12	17.9
• 4-5 years	14	20.9
• More than 6 years	37	55.2

The second section of the survey contained 10 questions addressing specific types of verbal abuse that the participants had experienced while working in the ED. If the respondent answered *never* to all 10 questions, they were directed to the last page of the survey. If they answered *yes* to any of the previous 10 questions, they were directed to the third part of the questionnaire.

The types of verbal aggression experienced over the last six months in frequency and percentage are listed in Table 2. Twenty-two (35%) out of 63 participants answered that they had never experienced any form of verbal aggression in the last six months, with 41 participants (65%) reporting episodes ranging between one to more than 20 times. Eight different questions explored the frequency of the verbal aggression episodes with results listed in Table 2. Forty-six (74.2%) identified that a co-worker had spoken to them in a condescending fashion, with the largest percentage (48.4%) occurring one to five times. Thirty-three respondents (52.4%) have had a co-worker make a humiliating or abusive comment disguised as a joke, with the greatest number of respondents, 19 (30.2%) in the range of one to five times. Thirty-eight (64.4%) of participants have had a co-worker ignore them, control the conversation, or refuse to comment, with the majority reporting from one to five times.

Although the vast majority of respondents reported having never received a direct threat of physical harm from a co-worker, 3.2% (n=2) responded that this had occurred at least once in the previous six months. While this number is extremely low, the fact that anyone at any time has experienced a physical threat in a work environment is significant for many reasons. While exploring these reasons is outside the scope of this particular study, at the very least this violates the nursing code of ethics.

Table 2.

Types of Lateral Verbal Aggression (LVA) Experienced in the last 6 months

Types of LVA	**Frequency/ Percent of Verbal Aggression Episodes**									
	Never		**1-5 times**		**6-10 times**		**11-20 times**		**More than 20 times**	
	f	**(%)**	**f**	**(%)**	**f**	**(%)**	**f**	**(%)**	**f**	**(%)**
1. A co-worker yells or raises their voice at you in an angry fashion	29	(46.00)	28	(44.40)	4	(6.30)	1	(1.60)	1	(1.60)
2. A co-worker swears, or directs obscene comments at you	46	(73.00)	15	(23.80)	2	(3.20)	0	0.00	0	0.00
3. A co-worker makes insulting comments about you	37	(58.70)	17	(27.00)	8	(12.70)	1	(1.60)	0	0.00
4. A co-worker makes a direct threat of physical harm towards you	61	(96.80)	2	(3.20)	0	0.00	0	0.00	`0	0.00
5. A co-worker makes an indirect threat toward you (implies you will be reported etc.)	46	(78.30)	11	(18.30)	1	(1.70)	1	(1.70)	0	0.00
6. A co-worker speaks to you in a condescending fashion	16	(25.80)	30	(48.40)	9	(14.50)	4	(6.50)	3	(4.80)
7. A co-worker makes a humiliating or abusive comment disguised as a joke	30	(47.60)	19	(30.20)	10.00	(15.90)	3	(4.80)	1	(1.60)
8. A co-worker ignores you, controls the conversation, or refuses to comment	21	(35.60)	26	(44.10)	6	(10.20)	4	(6.80)	2	(3.40)

The respondents were given an opportunity to share any additional information on lateral verbal aggression that they felt was important. Two forms of abuse that were not specifically covered in the survey mentioned in this section were sexual comments, and gossiping, or the spreading of untruthful rumors about a participant's personal life. These comments were read and considered but were not included in the overall data.

The participants who had experienced some form of lateral verbal aggression in the past six months were directed to part III of the survey, which, asked respondents to identify perpetrators of the verbal abuse. The categories of perpetrators were grouped as follows: Physician, Another Staff Nurse, Nursing Supervisor, and Other Healthcare Providers (i.e. PT, OT, PA, RRT, etc.). While staff nurses were the majority perpetrators, physicians comprised a sizeable percentage. When participants were asked to identify the most common source of verbal abuse, nurses, in particular staff nurses, had the highest percentage of positive responses. Table 3 shows the response count and the response percent for the perpetrators of verbal abuse.

Table 3.

Most Common Perpetrators of Lateral Verbal Aggression

Perpetrators	Physician		Another Staff RN		Nursing Supervisor		Other Healthcare Staff (PT, OT, PA, RRT, etc.)	
	Response Count	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count	Response Percent
Based on your last 6 months of nursing practice as an ED RN, please identify all the perpetrators of verbal aggression you have experienced. Check all that apply:	26	65.0	31	77.5	8	20.0	8	20.0
Of these groups please identify the most common source of verbal abuse:	12	30.0	20	50.0	5	12.5	3	7.5

Part IV investigates the number of times that participants have officially reported episodes of lateral verbal aggression. Thirty (73.2%) respondents had never officially reported a verbal abuse incident and eleven (26.8%) reported episodes anywhere from one to five times. Concerning the frequency of the participants' decision not to report incidents of verbal abuse, thirty-three (80.5%) decided not to report an incidence of verbal abuse, while only eight (19.5%) claimed to always report incidences of verbal abuse. See Table 4 for a breakdown of frequency and percent.

Table 4.

Incidences of Reporting

Officially Reported Episodes of LVA	Frequency/ Percent									
	Never		1-5 times		6-10 times		11-20 times		More than 20 times	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
1. The number of times you have officially reported an episode of verbal abuse:	30	(73.2)	11	(26.8)	0	(0.0)	0	(0.0)	0	(0.0)
2. The number of times you have decided not to officially report an incident of verbal abuse:	8	(19.5)	23	(56.1)	4	(9.8)	4	(9.8)	2	(4.9)

The reasons that participants decided not to report lateral aggression from co-workers varied (see Table 5). Twenty-nine (72.9%) did not consider the incident important enough to report, and the same percentage thought that the situation was handled/resolved; eighteen (46.2%) reported they were too busy to complete the paperwork; twenty-one (52.5%) said they understood the perpetrators' situation. This justification of the perpetrators' behaviors may suggest the victims' identification with the perpetrator and, therefore, implicit acceptance of the behavior; this, then, may

perpetuate the abuse. Twenty (50%) participants claimed they feared retribution, and thirty-four (82.9%) felt that reporting would not change the situation.

Table 5.

Nurses' Reasons for not reporting incidents of Lateral Verbal Aggression

Reason	Yes		No		Not Applicable	
	Response Count	Response Percent	Response Count	Response Percent	Response Count	Response Percent
1. No evidence of injury	19	46.3	5	12.2	17	41.5
2. Not considered important enough	29	72.5	7	17.5	4	10.0
3. Situation handled/resolved	29	72.5	7	17.5	4	10.0
4. Too busy to complete the paperwork	18	46.2	16	41	5	12.8
5. Understanding of person's situation	21	52.5	13	32.5	6	15.0
6. Concern for a vulnerable patient	12	30.0	15	37.5	13	32.5
7. Fear of blame or retribution	20	50.0	16	40.0	4	10.0
8. Considered to be part of the job	19	47.5	18	45.0	3	7.5
9. Nothing will be done or change	34	82.9	6	14.6	1	2.4

The final portion of the questionnaire examines the nurse's personal and professional reactions to the lateral verbal aggression. This section contained 18 statements that the respondents rated as *never, rarely, sometimes, often,* and *always.* The

combined results of these can be viewed as frequencies and percentages in Table 6. Most participants had experienced these events in the last six months with the majority rating the reactions in a range from *rarely* to *often*.

In the category Feeling Tearful or Crying, twenty-four (60%) responded they had experienced this; the same percentage reported Decreased Ability to Engage in Critical Thinking. One hundred percent of respondents agreed with Increased Stress Level and Decreased Job Morale. Twenty-seven (67.5%) participants reported both Decreased Self-Esteem and Negative Effects on Job Performance. Twenty-six (65%) participants reported Feelings of Incompetence; twenty-nine (74.4%) reported Reluctance to Go to Work; twenty-three (57.5%) admitted to having Negative Effects on Mental Health; twenty-nine (95.5%) admitted to having Negative Effects on Physical Health. Thirty-six (90%) respondents disclosed that they had a Decreased Sense of Well Being/Relaxation in Job Setting. Thirty-eight (95%) participants reported Feelings of Anger; thirty-four (85%) participants Felt Unsupported, and thirty-seven (92.5%) participants reported Decreased Job Satisfaction.

The respondents most often experienced *increased stress level, negative effects on mental health, decreased job morale, feelings of anger, and decreased job satisfaction.* This is consistent with what other researchers have found (McLaughlin, Gorley, & Moseley, 2009).

Table 6.

Personal and Professional Reactions to Lateral Verbal Aggression

Reaction	**Never**		**Rarely**		**Sometimes**		**Often**		**Always**	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
Feeling tearful/crying	16	40.0	14	35.0	7	17.5	3	7.5	0	0.0
Feelings of incompetence	14	35.0	12	30.0	11	27.5	3	7.5	0	0.0
Increased stress levels	0	0.0	5	12.2	15	36.6	16	39.0	5	12.2
Reluctance to go to work	10	25.6	10	25.6	9	23.1	9	23.1	1	2.6
Decreased ability to engage in critical thinking	16	40.0	13	32.5	9	22.5	1	2.5	1	2.5
Negative effects on physical health	17	42.5	12	30.0	6	15.0	5	12.5	0	0.0
Negative effects on mental health	11	27.5	8	20.0	14	35.0	7	17.5	0	0.0
Decreased job morale	0	0.0	6	15.8	14	36.8	14	36.8	4	10.5
Decreased sense of relaxation/ well being in job setting	4	10.0	5	12.5	10	25.0	18	45.0	3	7.5
Decreased self esteem	13	32.5	9	22.5	13	32.5	5	12.5	0	0.0
Feeling negative about my environment	4	10.5	6	15.8	18	47.4	9	23.7	1	2.6
Inability to concentrate on the task at hand	14	35.9	9	23.1	14	35.9	2	5.1	0	0.0
Feelings of anger	2	5.0	7	17.5	20	50.0	9	22.5	2	5.0
Hating your job	11	27.5	6	15.0	14	35.0	8	20.0	1	2.5
Feeling unsupported	6	15.0	6	15.0	15	37.5	10	25.0	3	7.5
Fear of retribution/blame	15	37.5	7	17.5	8	20.0	7	17.5	3	7.5
Decreased job satisfaction	3	7.5	8	20.0	18	45.0	10	25.0	1	2.5
Negative effects on job performance	13	32.5	11	27.5	15	37.5	1	2.5	0	0.0

Chapter V

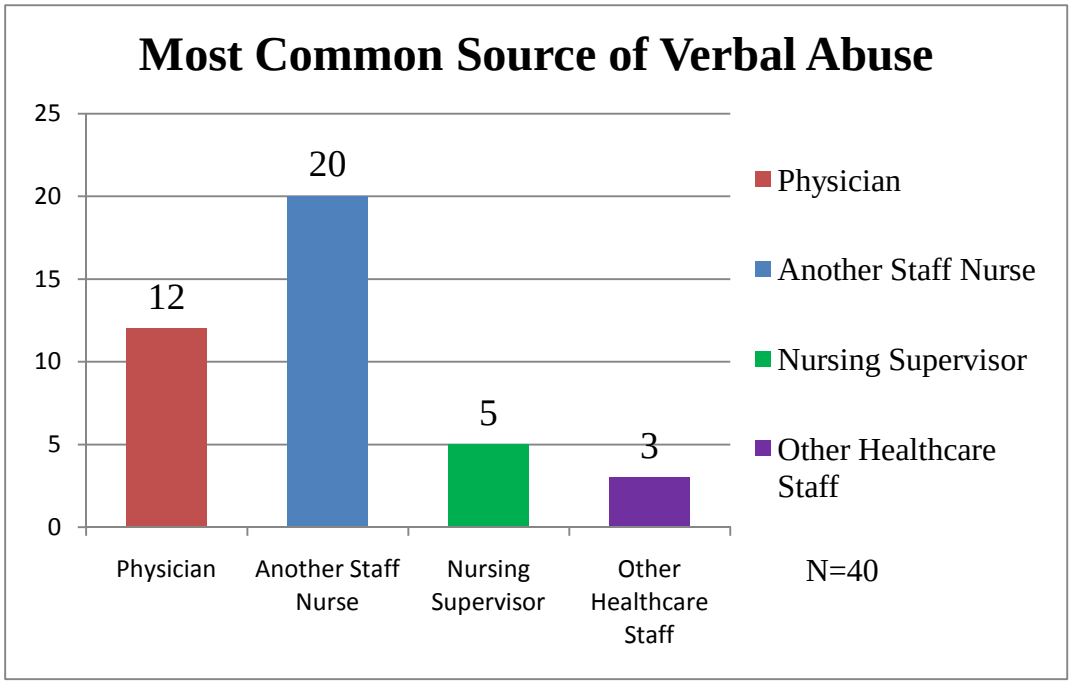
Discussion & Conclusion

The purpose of this study was to describe ED nurses' experiences in the workplace with lateral verbal aggression within a six-month period. Much of the current research on workplace lateral aggression has examined the relationship of nurses to other staff, patients, and patients' families. Research identifies lateral verbal aggression as a matter of growing concern in all areas of nursing. It has not been until recently that researchers have considered nurse-to-nurse lateral verbal aggression.

In this study of lateral verbal aggression, several prominent themes emerged: *isolation*, *humiliation*, *intimidation*, and *exploitation*. The largest group of perpetrators seen within this sample was nurses, whether it was staff nurses or nurse managers, with the majority being staff nurses (see Figure 2).

Figure 2.

Nurses' Report of Most Common Source of Verbal Abuse

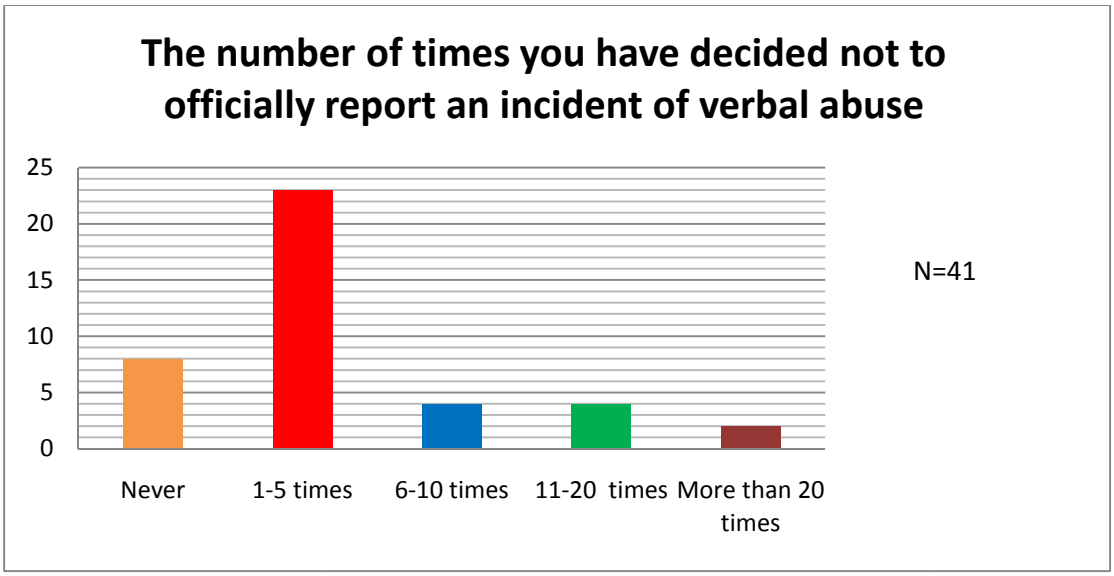


Historically physicians have been major participants in lateral verbal aggression towards nurses (Manderino & Berkey, 1997). This study did not consider physicians as this has been heavily addressed in much of the current research. Physician assistants were also named as common perpetrators. An interesting point that one respondent raised was that female physicians and female physician assistants tended to be more verbally abusive than males in the same positions. This respondent notes that there are power issues between the ED physician assistants and the RN's. This individual commented "… two of the female PA's I work with regularly attempt to make themselves appear smarter or harder working than the rest of us at any cost, regularly using verbal abuse in an attempt to accomplish this" (Harper-Lonabaugh, 2010).

The rates of reporting lateral verbal aggression are extremely low, which is consistent with Pejic's findings (2002). Thirty (73.2%) of the sample surveyed responded that they had 'never' reported an incident of verbal abuse, yet we know 100% of the respondents that answered this question have experienced at least one episode of verbal abuse within the last six months (see Table 2). Only one quarter of this population reported the incident (see Figure 3).

Figure 3.

Nurses' Response to not reporting lateral verbal aggression



When considering why the reporting rates were so low, some common factors began to emerge. Nineteen (46.3%) of respondents felt they had not been injured in any way from the incident. Twenty-nine (72.5%) participants did not feel the incident was important enough to report. Twenty-nine (72.5%) nurses reported the situation had been handled or resolved without needing to go any further. At least half of those surveyed feared blame or retribution, and many admitted they thought verbal aggression came with the territory of being an ED nurse. The most astounding statistic was that 34 (82.9%) of participants believed if they did report the episode nothing would change. This seems to indicate nurses believe there will be personal and professional ramifications if they report the incident. It also suggests there is a belief system in place that nothing will change and their situation may worsen.

Full-time nurses spend more time with their co-workers at their place of employment than they do at home with their families. They may become so familiar with

their co-workers that they become desensitized to lateral verbal aggression. It starts out subtly as does any form of bullying. Bullying starts small and gradually builds up over time to include actions that are more overt. In the beginning, it may be hard for the victim to articulate exactly why they feel intimidated or threatened. Eventually the acts of aggression escalate; the victim becomes isolated and worn down. If no one intervenes, more serious direct aggressive acts will occur (McLaren, 2009).

Most nurses can recognize the cycle of abuse. Do we tolerate it more from our co-workers because we spend so much time with them?

American society is obtunded to violence because it inundates our culture. We are exposed to many forms of violence on a daily basis primarily through the media. The ED nurse, who is on the forefront of caring for all victims of violence, is exposed at an even higher rate.

When investigating the surveyed nurses' reactions to lateral verbal aggression, the categories that scored the highest were increased stress levels (100%), negative effects on mental health (95.5%), decreased job morale (100%), feelings of anger (95%), and decreased job satisfaction (92.5%). These statistics are high and may be skewed due to a low number of respondents.

Nurses were identified 62.5% of the time as the perpetrators of the abuse. Observations show that nurses were the highest perpetrators of verbal abuse, with 20 (50%) *Staff Nurses* and five (12.5%) *Nursing Managers*.

When results were compared against age and years of experience, older, more experienced respondents reported fewer incidents and decreased severity of lateral verbal aggression. The mean age of respondents who denied any experience with lateral verbal

abuse was between the ages of 46 to 55 years; this response serves as completion of the survey for these participants. Does this infer that the older nurses are perhaps the perpetrators, or have they just been in the position so long that co-workers do not advance on them?

Implications for practice, nursing research, and education

The implications for nursing practice will be devastating if the industry does not get the culture of lateral verbal aggression in check In North Carolina alone the healthcare industry is suffering from a nurse deficit. The aforementioned climate is causing nurses to leave the profession.

Lateral verbal aggression affects not just the victim, but also hospitals and the community at large. When nurses leave a position because of this, it costs the institution money. Hospitals are left understaffed and nurses have increased patient loads, thus increasing the risk for medication errors or other mistakes to occur which would be detrimental to the patient care.

A company is only as good as its worst employee. This is especially true in healthcare. Hospitals and institutions have to adhere to a zero tolerance policy for lateral verbal aggression. It should be treated the way that sexual discrimination, and cultural sensitivity have been in the past. Employee training sessions on conflict resolution should be mandatory for all staff.

The American health system will be undergoing some massive changes over the next decade as nationalized healthcare is implemented. It is important that the organizational culture in nursing which allows lateral verbal aggression to exist be dismantled. Some suggestions for accomplishing this include implementing training

programs within nursing education that encourage nursing students to engage in a productive manner with the perpetrator to stop the aggression before it escalates, nursing students having a support system in place before they enter clinical sites, and training nurses how to recognize and deal with lateral verbal aggression. Perhaps organizations could establish an anonymous hotline for this offense, which would allow employees to report the occurrence of lateral verbal aggression without fear of retribution. Mandatory counseling should be required of all managers who are reported as perpetrators of verbal abuse and detailed records of reports should be maintained. Institutions could have formal policies regarding employment status after a certain number of documented occurrences.

Employers should consider restructuring current nursing units and implementing a team training approach with mentors when orienting both students and new employees. Research supports the positive effect of teamwork between co-workers. If management stops micromanaging nursing units, nurses will be less intimidated and more likely to support their co-workers (Ankerson & Tethong, 2001).

This study posed certain limitations due to the sample size. This pilot study looked at ED nurses specifically in the western most counties of North Carolina. Future studies need to investigate a larger sample with different nursing specialties represented. The nurses age and experience should be examined much closer and see if any conclusions can be drawn. Research should examine whether older nurses and nursing managers have a higher incidence of being perpetrators rather than victims. The tool used needs to be modified so that respondents cannot skip questions. Future research should consider gender and rates of occurrence, and educational level. Other

considerations for future research include running higher-level statistical analysis of the data examining individual results not just aggregate data.

The results show that this is a relevant significant problem in nursing. Other researchers' have found similar results in other nursing units (Pejic, 2005). Lateral verbal aggression costs taxpayers a lot of money every year. More victims of lateral verbal aggression are taking legal action against the perpetrators and institutions that allow it to occur (McLaren, 2009). It is costly to healthcare systems, patients, and nurses who are the victims, and ultimately to society. This practice must be made extinct if nursing is to maintain its highly respected status within our culture.

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Appendix A

Request letter for participation in study:

May 17, 2010

Dear Emergency Department Nurse,

I am a graduate student at Gardner-Webb University in the School of Nursing working with Dr. Vickie Walker. As partial requirement for my thesis, I am conducting research on lateral verbal abuse among nurses in hospital emergency departments in Western North Carolina.

I obtained your name and address from the North Carolina Board of Nursing. The board had you listed with the Emergency Department as your area of specialty.

I am asking you to participate in this study by accessing the following link and completing the on-line survey:

http://www.surveymonkey.com/s/TX339GK

This anonymous questionnaire should take approximately 5 to 10 minutes to complete. Your participation in this study is voluntary. If you choose not to participate or to withdraw at any time, there will be no penalty. Your choosing to complete the survey will be considered your consent to participate.

The results of the study will be published in a thesis as aggregate data, and no individual names will be identified or used.

If you have any questions concerning the research study, use the survey link to locate information on how to contact me or my faculty sponsor Dr. Vickie Walker. This link also provides information on how to obtain the results of the study.

I know this takes time away from your busy day, and I appreciate your help with this research. Thank you in advance for your assistance.

Sincerely,

Wendi H. Lonabaugh RN

Appendix B

Modified Verbal Abuse Survey for ED Nurses:

By completing this questionnaire you are giving your consent to participate in this research study. It is understood that your participation is voluntary and that your confidentiality will be maintained. This survey will collect aggregate data. The results of this study may be obtained after September 1, 2010 by e-mailing the student researcher at wlonabaugh@yahoo.com. If you have any other questions about this survey please feel free to contact me at the above e-mail address.
You may also feel free to contact my faculty research sponsor at Gardner-Webb University by email at: vwalker@gardner-webb.edu

Verbal Abuse Questionnaire
PART I
Please check the most appropriate answer to each question by placing an X in the box:

1. Please indicate if you are:
   Female⊡ Male ⊡
2. Age:
   19-25 years ⊡
   26-35 years ⊡
   36-45 years ⊡
   46-55 years ⊡
   56 years or more ⊡
3. Please state your current job status as an ED nurse:
   Full time ⊡
   Part time ⊡
   PRN ⊡
4. Please indicate the number of years you have worked as an ED nurse:
   Less than 2 years ⊡
   2-3 years ⊡
   4-5 years ⊡
   More than 6 years ⊡

PART II

For the purpose of this research, verbal abuse is being defined as "verbal behavior that humiliated, degraded, or otherwise indicated a lack of respect for the dignity and worth of an individual." This may have been something that was said to you that made you feel bad or embarrassed.
Think about the last 6 months of your nursing practice and please answer the following questions, indicating how often you have been a victim of verbal abuse, by placing an X in the most appropriate box.

		Never	1-5 times	6-10 times	11-20 times	More than 20 times
5.	A co-worker yells or raises their voice at you in an angry fashion					
6.	A co-worker swears, or directs obscene comments at you					
7.	A co-worker makes insulting comments about you.					
8.	A co-worker makes a direct threat of physical harm towards you					
9.	A co-worker makes an indirect threat toward you (implies you will be reported etc.)					
10.	A co-worker speaks to you in a condescending fashion					
11.	A co-worker makes a humiliating or abusive comment disguised as a joke					
12.	A co-worker ignores you, controls the conversation, or refuses to comment					
13.	Please list any other form of verbal abuse you have experienced: _____ _____ _____ _____ _____ _____					

If you answered NEVER to all questions in PART II your questionnaire is now complete. Please email it back. Thank you for taking the time to complete it.

PART III

Based on your last 6 months of nursing practice as an ED nurse, please identify all the perpetrators of verbal abuse you have experienced, by placing an X in the box. PLEASE CHECK ALL THAT APPLY.

5. Physician ⊡
   Another staff nurse ⊡
   Nursing supervisor ⊡.
   Other healthcare staff (i.e. PT, OT, RRT, etc.) ⊡

Of these groups please identify the most common source of verbal abuse. ONLY CHECK ONE.

6. Physician ⊡
   Another staff nurse ⊡
   Nursing supervisor ⊡.
   Other healthcare staff (i.e. PT, OT, RRT, etc.) ⊡

PART IV

Please answer the following questions by placing an X in the most appropriate box. Base your answers on your last 6 months of nursing practice.

		None	1-5	6-10	11-20	More than 20
16.	The number of times you have officially reported an episode of verbal abuse					
17.	The number of times you have decided not to officially report an incident of verbal abuse					

Below are some of the reasons nurses have given as part of their decision not to officially report incidents of verbal abuse. Please check all that have applied to you by placing an X in the box.

		YES	NO	NOT APPLICABLE
18.	No evidence of injury			
19.	Not considered important enough			
20.	Situation handled/resolved			
21.	Concern for a vulnerable patient			
22.	Understanding of person's situation			
23.	Too busy to complete the paperwork			
24.	Fear of blame or retribution			
25.	Considered to be part of the job			
26.	Nothing will be done or change			

PART V

Please answer the following questions, related to the personal and professional effects of verbal abuse your have experienced over the past 6 months, by placing an X in the most appropriate box. Incidents of verbal abuse have had the following effects on me:

		Never	Rarely	Sometimes	Often	Always
27.	Feeling tearful/crying					
28.	Feelings of incompetence					
29.	Increased stress level					
30.	Reluctance to go to work					
31.	Decreased ability to engage in critical thinking					
32.	Negative effects on physical health					
33.	Negative effects on mental health					
34.	Decreased job morale					
35.	Decreased sense of relaxation well being in job setting					
36.	Decreased self esteem					
37.	Feeling negative about my environment					
38.	Inability to concentrate on the task at hand					
39.	Feelings of anger					
40.	Hating your job					
41.	Feeling unsupported					
42.	Fear of retribution/blame					
43.	Decreased job satisfaction					
44.	Negative effects on job performance					
45.	Please list any other personal or professional effects of verbal abuse: _____					

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE☺

Appendix C

Verbal Abuse Scale
Manderino & Banton (1994)

Verbal abuse has been defined as those kinds of verbal behaviors that humiliate, degrade or otherwise indicate a lack of respect for the dignity and worth of another individual. Listed below are some subtle and not so subtle categories of verbally abusive behavior. We are particularly interested in knowing if you have encountered theses forms of verbal abuse from physicians and how you have reacted to those interactions.

In this first part of the questionnaire, we would like to know both how often these experiences may have occurred during the past year and how stressful they have been for you. Circle the appropriate rating on both scales.

How Often:								**How stressful:**						
0 Never	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**		**0 Never**	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**

1. Abusive Anger: A physician has irritable outbursts, temper tantrums, is unreasonably argumentative, shouts, yells, explodes or directs angry sarcasm at you.

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

2. Judging and Criticizing: A physician makes a judgment about you and expresses it to you in a critical way; e.g. "The trouble with you is that you seldom know what you're talking about." "You are really stupid."

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

3. Accusing and Blaming: A physician incorrectly accuses you of some wrongdoing or for causing his/her anger or irritation; e.g., "If it weren't for your inattention, that patient would not be in the crisis he's in right now." "You've really put me in a bad mood today."

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

4. Blocking and Diverting: A physician controls the communication by refusing to communicate, being silent, setting limits on what can be discussed, or by withholding information; e.g., "This discussion is over." "I don't recall asking for your opinion."

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

How Often:								**How stressful:**						
0 Never	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**		**0 Never**	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**

5. Verbal Abuse Disguised As Jokes: A physician makes disparaging comments about you disguised as a joke. These jokes may refer to gender characteristics, your intellectual abilities or competency; e.g., "What else can you expect for a woman."

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

6. Discounting: When you confront a physician about his/her verbally offensive manner, the physician denies or distorts your feelings/perceptions; e.g., "Can't you take a joke?" "You're making a big deal out of nothing." "Why are you being so defensive?"

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

7. Trivializing: A physician communicates that what you have said or what you have done is somehow insignificant; e.g., "No big deal." "That's your job isn't it?"

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

8. Ignoring: A physician does not acknowledge your presence, you actions, you input, or your requests for help.

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

9. Threatening: A physician tries to intimidate or control you by making direct or indirect threats; e.g., "Do what I ask, or I'll write you up"

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

10. Sexual Harassment: A physician makes un-welcome sexual advances, requests for sexual activity or makes other unwelcome verbalizations or innuendoes or a sexual nature.

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

11. Condescending: A physician talks down to you. With an air of superiority he/she talks to you in a patronizing manner. For example, "now listen carefully…I'm going to go over this one more time."

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

How Often:								**How stressful:**						
0 Never	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**		**0 Never**	**1 One to Six Times this Year**	**2 Once a Month of Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**

12. Other: Please list any other types of verbally abusive behavior you might have experienced from physicians.

_____

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

_____

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

_____

How Often 0 1 2 3 4 5 6 How Stressful 0 1 2 3 4 5 6

If you answered zeroes to all of the above categories, would you please now fill out the personal data form on the last page. This ends your participation. Please forward your questionnaire in the attached envelope. Thank you very much.

13. Considering all the previously listed categories, please indicate how often you experienced verbal abuse by physicians this year.

0 Never	**1 Several Times a Year**	**2 Once a Month or Less**	**3 Several Times a Month**	**4 Once a Week**	**5 Several Times a Week**	**6 Every Day**

In this next section, we are interested in knowing how you react emotionally when you experience verbal abuse from a physician. Please use the <u>past year</u> as the time frame. Circle the appropriate intensity of feelings for each of the listed emotions.

Strength of Feeling:

	0 Not At All	1 Very Mild Feeling	2 Mild Feeling	3 Moderate Feeling	4 Strong Feeling	5 Very Strong Feeling	6 Extreme Feeling
14. Confusion	**0**	**1**	**2**	**3**	**4**	**5**	**6**
15. Anger	**0**	**1**	**2**	**3**	**4**	**5**	**6**
16. Sadness/Hurt	**0**	**1**	**2**	**3**	**4**	**5**	**6**
17. Shock/Surprise	**0**	**1**	**2**	**3**	**4**	**5**	**6**
18. Misunderstood	**0**	**1**	**2**	**3**	**4**	**5**	**6**
19. Shamed	**0**	**1**	**2**	**3**	**4**	**5**	**6**
20. Felt Responsible	**0**	**1**	**2**	**3**	**4**	**5**	**6**
21. Embarrassment/Humiliation	**0**	**1**	**2**	**3**	**4**	**5**	**6**
22. Threatened	**0**	**1**	**2**	**3**	**4**	**5**	**6**
23. Frustration	**0**	**1**	**2**	**3**	**4**	**5**	**6**
24. Helpless	**0**	**1**	**2**	**3**	**4**	**5**	**6**
25. Powerless	**0**	**1**	**2**	**3**	**4**	**5**	**6**
26. Defeated	**0**	**1**	**2**	**3**	**4**	**5**	**6**
27. Indifferent	**0**	**1**	**2**	**3**	**4**	**5**	**6**
28. Intimidated	**0**	**1**	**2**	**3**	**4**	**5**	**6**
29. Fear	**0**	**1**	**2**	**3**	**4**	**5**	**6**
30. Disgust	**0**	**1**	**2**	**3**	**4**	**5**	**6**
31. Overwhelmed	**0**	**1**	**2**	**3**	**4**	**5**	**6**
32. Other: Please specify							
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**

While in a potentially stressful situation, people often think about the personal significance of what is going on. In this part of the survey, we are interested in knowing what, in general, you say to yourself as you evaluate the personal significance of verbally abusive encounters with physicians. Please use the past year as the time frame. Circle on the rating scale the degree to which your thinking is similar to the listed thoughts:

Strength of Feeling:

	0 Not At All Similar	1 Very Slightly Similar	2 Mildly Similar	3 Moderately Similar	4 Similar	5 Very Similar	6 Extremely Similar
33. It must be my fault	**0**	**1**	**2**	**3**	**4**	**5**	**6**
34. I don't deserve to be treated this way	**0**	**1**	**2**	**3**	**4**	**5**	**6**
35. This could potentially hurt me.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
36. He/she has no right to do this to me.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
37. This is no big deal to me.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
38. What a jerk! (or similar description)	**0**	**1**	**2**	**3**	**4**	**5**	**6**
39. This is horrible and it could get worse	**0**	**1**	**2**	**3**	**4**	**5**	**6**
40. I haven't done anything wrong	**0**	**1**	**2**	**3**	**4**	**5**	**6**
41. I am going to be in trouble over this.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
42. I must have done something wrong.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
43. I don't know how to handle this.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
44. I can deal with this.	**0**	**1**	**2**	**3**	**4**	**5**	**6**
45. Other: Please specify							
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**

In this section we would like to know when you are being verbally abused by a physician, what you do to make yourself feel better and/or to solve the problem. We also are interested in how well these methods work for you. Please use the past year as the time frame. Using the rating scales, circle the degree to which your coping behaviors are similar to those listed, using the following rating scale:

Similarity of Coping Behaviors:								**Effectiveness of Coping Behaviors:**						
0 Not At All Similar	**1 Very Slightly Similar**	**2 Mildly Similar**	**3 Moderately Similar**	**4 Similar**	**5 Very Similar**	**6 Extremely Similar**		**0 Not At All Effective**	**1 Very Slightly Effective**	**2 Mildly Effective**	**3 Moderately Effective**	**4 Effective**	**5 Very Effective**	**6 Extremely Effective**

46. I deal directly with the physician about the abuse. For example, I assertively ask the physician to stop the way he/she is acting toward me.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

47. I engage in wishful thinking. For example, I wish the situation would just go away.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

48. I attempt to clarify any misunderstanding the physician may have.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

49. I become silent with the abusive physician.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

50. I detach myself from the situation. For example, I try to forget the whole thing and go on as if nothing is happening.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

51. I ask for assistance/support from others. For example, I might talk to someone about how I'm feeling and accept sympathy and understanding from them or seek advice from a supervisor or other authority.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

52. I try to put the situation in perspective, and learn what I can from it.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

53. I tend to blame myself. I might give myself a lecture about the situation and realize I brought the problem on myself.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

54. I engage in positive activities that directly reduces my tension. For example, I exercise or do some for of muscle relaxation.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

55. I engage in less than positive activities that reduce my tension. For example, I smoke, overeat, use alcohol, etc…

0 1 2 3 4 5 6 0 1 2 3 4 5 6

56. I withdraw. I try to keep my feelings to myself and keep others from knowing how bad things are.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

57. I talk to myself in a nurturing and reassuring way.

0 1 2 3 4 5 6 0 1 2 3 4 5 6

0 Not At All Similar	1 Very Slightly Similar	2 Mildly Similar	3 Moderately Similar	4 Similar	5 Very Similar	6 Extremely Similar		0 Not At All Effective	1 Very Slightly Effective	2 Mildly Effective	3 Moderately Effective	4 Effective	5 Very Effective	6 Extremely Effective

58. Other: Please describe any other coping behavior you might use.

_____

0 1 2 3 4 5 6 0 1 2 3 4 5 6

_____

0 1 2 3 4 5 6 0 1 2 3 4 5 6

_____

0 1 2 3 4 5 6 0 1 2 3 4 5 6

In this final section, please indicate what, if any, long-term <u>negative</u> effects you feel have been caused by past experiences of being verbally abused by physicians. Please rate the severity of long-term negative effects for each of the listed areas using the following scale.

Severity of Long-Term Negative Effects:	**0 No Negative Effects At All**	**1 Very Mild Negative Effect**	**2 Mild Negative Effect**	**3 Moderate Negative Effect**	**4 Strong Negative Effect**	**5 Very Strong Negative Effect**	**6 Extreme Negative Effect**
59. Self-esteem	**0**	**1**	**2**	**3**	**4**	**5**	**6**
60. Confidence in yourself	**0**	**1**	**2**	**3**	**4**	**5**	**6**
61. Sense of relaxation/well-being in your work setting	**0**	**1**	**2**	**3**	**4**	**5**	**6**
62. Job satisfaction	**0**	**1**	**2**	**3**	**4**	**5**	**6**
63. Performance of your job responsibilities	**0**	**1**	**2**	**3**	**4**	**5**	**6**
64. Trust and support in the work setting	**0**	**1**	**2**	**3**	**4**	**5**	**6**
65. Relationship with physician	**0**	**1**	**2**	**3**	**4**	**5**	**6**
66. Relationship with other physicians	**0**	**1**	**2**	**3**	**4**	**5**	**6**
67. Relationship with other hospital staff	**0**	**1**	**2**	**3**	**4**	**5**	**6**
68. Relationships outside the work setting	**0**	**1**	**2**	**3**	**4**	**5**	**6**
69. Mental health	**0**	**1**	**2**	**3**	**4**	**5**	**6**
70. Physical health	**0**	**1**	**2**	**3**	**4**	**5**	**6**
71. Other: Please specify							
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	**0**	**1**	**2**	**3**	**4**	**5**	**6**

Thank you very much for participating in this survey. Because we are interested in improving this questionnaire prior to future studies, we welcome any suggestions you might have for us. If any of the questions seem unclear to you or are in some way incomplete, please comment below or in the margins.

Appendix D

Verbal Abuse Questionnaire
Annette R. Pejic (2005)

PART I

Please check the most appropriate answer to each question by placing an X in the box.

1. Please indicate if you are:

   [ ] female [ ] male

2. Age:

   25 years of less [ ] 46-55 years [ ]

   26 – 35 years [ ] 56 years or older [ ]

   36-45 years [ ]

3. Please state your current job status as a pediatric nurse:
   Full time [ ] Part time [ ]

4. Please indicate the number or years you have works as a pediatric nurse.

   2 - 5 years [ ] 16 – 20 years [ ]

   6 – 10 years [ ] 21 years or more [ ]

   11 - 15 years [ ]

PART 2

For the purposes of this study verbal abuse is defined as: "verbal behavior that humiliated, degraded, or otherwise indicated a lack of respect for the dignity and worth of an individual." Please reflect on your last 3 months of practice and answer the following questions, indicating how often you have been a victim of verbal abuse, by placing an X in the most appropriate box.

	Never	1 – 5 times	6 –10 times	11-20 times	more than 20 times
5. A person yells or raises their voice at you in an angry fashion	[ ]	[ ]	[ ]	[ ]	[ ]
6. A person swears at you or directs obscene comments at you	[ ]	[ ]	[ ]	[ ]	[ ]
7. A person makes insulting comments about you	[ ]	[ ]	[ ]	[ ]	[ ]
8. A person makes a direct threat of physical harm towards you	[ ]	[ ]	[ ]	[ ]	[ ]
9. A person makes an indirect threat of harm (e.g. if you don't do what I say I'll have to report you)	[ ]	[ ]	[ ]	[ ]	[ ]
10. A person speaks to you in a condescending manner	[ ]	[ ]	[ ]	[ ]	[ ]
11. A person makes a humili-ating or abusive comment disguised as a joke	[ ]	[ ]	[ ]	[ ]	[ ]
12. A person ignores you, controls the conversation, or refuses to comment	[ ]	[ ]	[ ]	[ ]	[ ]
13. Please list any other form of verbal abuse you have experienced. _____	[ ]	[ ]	[ ]	[ ]	[ ]

If you answered NEVER to all questions in PART 2 your questionnaire is now complete at this point. Please place it in the supplied envelope and return it to the researcher. Thank you for your time.

PART 3

Based on your last 3 months of practice please identify all the perpetrators of verbal abuse you have experienced, by placing an X in the box. PLEASE CHECK ALL THAT APPLY.

14. Patient [ ] Physician [ ]

    Parent/Visitor [ ] Other staff member [ ]

Of these groups, please identify the most common source of verbal abuse. ONLY CHECK ONE.

15. Patient [ ] Physician [ ]

    Parent/Visitor [ ] Other staff member [ ]

PART 4

Please answer the following questions by placing an X in the most appropriate box. Base your answers on your last 3 months of practice.

	Never	1 – 5 times	6 –10 times	11-20 times	more than 20 times
16. The number of times , you have officially reported an episode of verbal abuse	[ ]	[ ]	[ ]	[ ]	[ ]
17. The number of times you , have decided not to officially report an incident of verbal abuse.	[ ]	[ ]	[ ]	[ ]	[ ]

Below are some of the reasons nurses have given as part of their decision not to officially report incidents of verbal abuse. Please check all that have applied to you by placing an X in the box.

	YES	NO	NOT APPLICABLE
18. No evidence of injury.	[ ]	[ ]	[ ]
19. Not considered important enough	[ ]	[ ]	[ ]
20. Situation handled/resolved	[ ]	[ ]	[ ]
21. Concern for a vulnerable patient	[ ]	[ ]	[ ]

22. Understand of a person's situation	[ ]	[ ]	[ ]
23. Too busy to complete the paperwork	[ ]	[ ]	[ ]
24. Fear of blame or retribution	[ ]	[ ]	[ ]
25. Considered to be part of the job	[ ]	[ ]	[ ]
26. Nothing will be done/change	[ ]	[ ]	[ ]

PART 5

Please answer the following questions, related to the personal and professional effects of verbal abuse you have experienced over the past 3 months, by placing an X in the most appropriate box. Incidents of verbal abuse have had the following effects on me:

	Never	Rarely	Sometimes	Often	Always
27. Feeling tearful/crying	[ ]	[ ]	[ ]	[ ]	[ ]
28. Feelings of incompetence	[ ]	[ ]	[ ]	[ ]	[ ]
29. Increased stress level	[ ]	[ ]	[ ]	[ ]	[ ]
30. Reluctance to go in to work	[ ]	[ ]	[ ]	[ ]	[ ]
31. Decreased ability to engage in critical thinking	[ ]	[ ]	[ ]	[ ]	[ ]
32. Negative effects on physical health	[ ]	[ ]	[ ]	[ ]	[ ]
33. Negative effects on mental health	[ ]	[ ]	[ ]	[ ]	[ ]
34. Decreased job morale	[ ]	[ ]	[ ]	[ ]	[ ]
35. Decreased sense of relaxation/ well being in job setting	[ ]	[ ]	[ ]	[ ]	[ ]

36. Decreased self-esteem	[ ]	[ ]	[ ]	[ ]	[ ]
37. Feeling negative about my Environment	[ ]	[ ]	[ ]	[ ]	[ ]
38. Inability to concentrate on the task at hand	[ ]	[ ]	[ ]	[ ]	[ ]
39. Feelings of anger	[ ]	[ ]	[ ]	[ ]	[ ]
40. Hating your job	[ ]	[ ]	[ ]	[ ]	[ ]
41. Feeling unsupported	[ ]	[ ]	[ ]	[ ]	[ ]
42. Fear of retribution/blame	[ ]	[ ]	[ ]	[ ]	[ ]
43. Decreased job satisfaction	[ ]	[ ]	[ ]	[ ]	[ ]
44. Negative effects on job performance	[ ]	[ ]	[ ]	[ ]	[ ]
45. Please list any other form of verbal abuse you have experienced.					
_____	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]	[ ]

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.